

UTAH OPEN ENROLLMENT SURVEY INSTRUCTIONS

All Fraternal, Health, Life and Property & Casualty insurers in Utah with Comprehensive Hospital & Medical (Major Medical) business in either the Individual, Small Group, or Large Group Markets are required to complete and file this survey. All other insurers are exempt. The completed survey form should be sent to the Utah Insurance Department **on or before February 21, 2020**. All submissions should be made via the UID secure file upload website at <https://forms.uid.utah.gov/insurance/fileUploads/> to the Health Research folder. Any other forms of data submission are not acceptable. Failure to file by the deadline may subject your company to the enforcement penalties under Utah Code § 31A-2-308. Any questions on completing this survey form should be directed to Daron Funn, Research Assistant via email to uid.healthresearch@utah.gov.

This survey is designed to collect information on the number of Comprehensive Hospital & Medical Policies **in force as of January 1, 2020**, in the Individual, Small Group, and Large Group Market. Basically, we want to know the state of the Comprehensive Hospital & Medical Individual, Small Group, and Large Group Markets at the beginning of 2020.

The survey form consists of a single table. Companies with Comprehensive Hospital & Medical business in the Individual, Small Group, and Large Group Markets report the number of insured members into one of five plan categories. There are three plan categories for NON-ACA Plans and two plan categories for ACA Compliant Plans. If your company does not have any individual or small group or large group policies in force as of January 1, 2020, simply select "NONE" in the question above the survey table and submit the survey.

SIGNATURE FORM

The Utah Open Enrollment Survey includes a business confidentiality signature form. The Utah Insurance Department collects the Utah Open Enrollment Survey with the intent and understanding that these records are classified as protected records under § 63G-2-305(2). The Signature Form is being made available from the website along with the instructions and survey form. The Signature Form should be filed along with the survey. This signature form ensures that the data is properly classified as a protected record under § 63G-2-305(2). In order to ensure this data is properly classified, please sign, date the Signature Form, and return it to the Utah Insurance Department. This year's signature form covers data your company may have sent to the Utah Insurance Department during 2020.

Any representative of your company can sign the form. Please sign the form and send an electronic copy (e.g., Adobe PDF format), along with the survey form to the Utah Insurance Department (see Secure Transmission of Survey Data). A copy will be kept on file along with your survey.

SECURE TRANSMISSION OF SURVEY DATA

The Utah Insurance Department has, in past years, received survey information via email. In an effort to increase the security of electronic transmissions, we now require all survey data to be submitted using an encrypted upload site. *All data sent in any other format will not be accepted.* In order to use the new UID secure file upload website, you will need to set up a Utah-ID user account. Go to <https://forms.uid.utah.gov/insurance/fileUploads/>. The first time you go to this site, you will be redirected to a login screen with the option to create a new account. Click on *Create Account* (see Figure 1).

Figure 2: Utah-ID Log In Screen

The login screen features the Utah-ID logo at the top. Below it is a 'Sign in to UtahID' heading. There are two input fields for username and password. A checkbox labeled 'Remember my username' is located below the password field. A blue 'LOG IN' button is positioned below the input fields. At the bottom, there are two links: 'Forgot Password?' and 'Create Account'.

Figure 1: Utah-ID Creation Screen

The creation screen is titled 'Utah-ID Creation'. It includes a sidebar with 'Steps needed to Access forms.uid.utah.gov' listing: (1) Create Account, (2) Provide Information Needed, (3) Activate Account, and a 'Return to Login' link. The main form area contains fields for: 'Choose a Utah-ID' (dropdown), 'Your Name' (First and Last), 'Email Address', 'Repeat Email Address', 'Alternate Email Address' (Optional), 'New Password' (with a Password Strength indicator), 'Verify Password', 'Mobile' (Optional), and a 'Providers' dropdown. A blue 'Create Account' button is at the bottom.

Follow the prompts to create a new Utah-ID user account (see Figure 2) by choosing a user name, providing your name, and password. You will be required to set up security questions and answers in the event you require technical support to reactivate your account (see Figure 3).

After submitting your security questions, the Activate Account screen will display (see Figure 4). Once you see this screen, you are prompted to retrieve a validation code from the email address you provided in the Creation Screen. Enter the code and click Activate. An example of the validation email is shown in Figure 5.

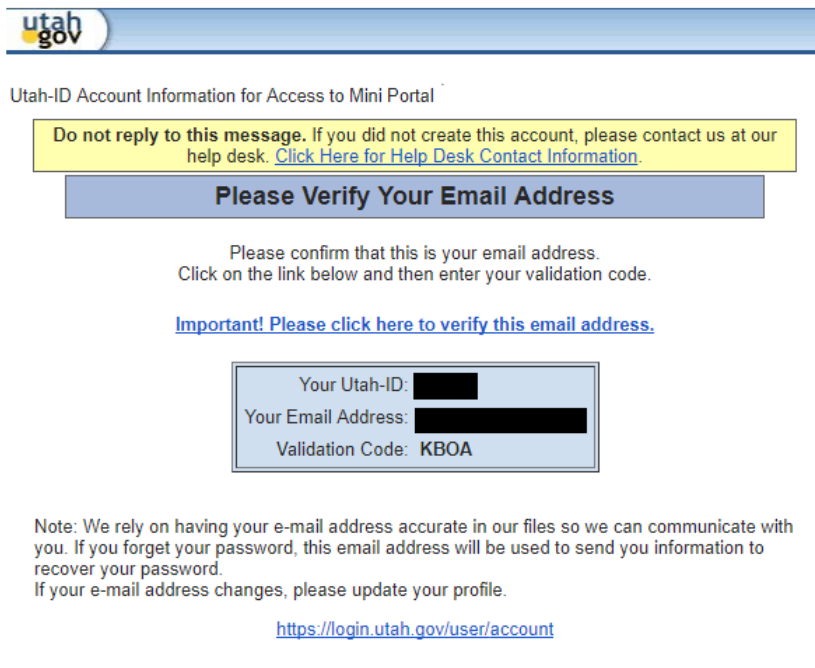
Figure 4: Utah-ID Creation Screen

Figure 3: Utah-ID Activate Account

Once you click Activate, you will be rerouted back to <http://forms.uid.utah.gov/insurance/fileUploads/>. If not, please return to the login screen by using the UID secures website address. Enter your login information. It may take up to 15 minutes after activating your Utah-ID before you see the upload web page shown in Figure 6.

The State of Utah supports and recommends the use of Google Chrome web browser when accessing this site. If you have difficulties creating a Utah-ID, support is available by calling the Department of Technical Services at (801) 538-3440.

Figure 5: Validation Email



Once logged in, you will see the new site that allows you to securely upload your survey files. Select "Health Research" from the drop-down menu, click on "Add File" to select the signature form and survey form, using your NAIC company code in the file name, and click on "Upload Files".

The file naming convention is "<NAIC Cocode>-Utah-<form file name>". If your NAIC Cocode is "99999" your file names would resemble the following examples (e.g. 99999-Utah-OESurvey.xlsx; 99999-Utah-OESignature.pdf).

Figure 6: Utah ID File Upload webpage



VIRTU EMAIL ENCRYPTION SYSTEM

The State of Utah has adopted the Virtu platform for email encryption. In the case that we need to send you information securely, you may receive an encrypted email from the Utah Insurance Department using the Virtu encrypted email system. You will be able to identify the email using the following criteria (see Figure 7):

- The From address will normally be from uid.healthresearch@utah.gov or a utah.gov email address
- Look for the Utah-ID logo
- Look for the *Unlock Message* button
- Look for the following text: "Virtu encrypts emails to keep private information safe. Learn more at Virtu.com"

Figure 7: Utah-ID Secure Email



Click *Unlock Message* to unlock the email and view the email content. If you experience problems, assistance is available through the Department of Technical Services at (801) 538-3440. Please contact Daron Funn at uid.healthresearch@utah.gov, if you are experiencing problems in viewing the message.

PART 1: UTAH COMPREHENSIVE HOSPITAL & MEDICAL BUSINESS

DEFINITION OF COMPREHENSIVE HOSPITAL & MEDICAL

COMPREHENSIVE HOSPITAL & MEDICAL:	Business that includes major medical, comprehensive medical and other hospital-surgical-medical benefit plans designed to be the insured member's primary health benefit plan. This category includes H16 Major Medical health benefit plans filed via SERFF as H16I, H16G, HOrg02I, or HOrg02G. Exclude all H15 Hospital, Medical, Surgical expense plans that are designed to function as a supplement to a primary health benefit plan (see Hosp-Med-Surgical (Supplement Only)). Also exclude all Short-Term Limited Duration plans (see Short-Term Limited Duration).
HOSP-MED-SURGICAL (SUPPLEMENT ONLY):	Business that includes any hospital only expense, medical only expense, surgical only expense, hospital and medical expense, hospital and surgical expense, medical and surgical expense, and hospital, medical and surgical expense (supplement). This category includes H15I or H15G Hospital, Medical, Surgical expense plans that are designed to function as a supplement to a primary health benefit plan (e.g., H16 Major Medical). Exclude all Comprehensive Hospital & Medical plans. Also exclude all Short-Term Limited Duration plans.
SHORT-TERM LIMITED DURATION:	Business that complies with the definition of short-term limited duration plans under § 31A-1-301(172). "Short-term limited duration health insurance" means a health benefit product that: (a) after taking into account any renewals and extensions, has a total duration of no more than 36 months; and (b) has an expiration date specified in the contract that is less than 12 months after the original effective date of coverage under the health benefit product. Short-term limited duration plans have limited medical benefits and are not considered a "health benefit plan" under Chapter 30 of the Utah Code. This category includes short-term limited duration plans filed via SERFF as H16I, H16G, H15I, or H15G product with a State Sub-TOI – Short Term. Exclude all Comprehensive Hospital & Medical plans or Hospital-Medical-Surgical (Supplement Only) plans.

DEFINITION OF INDIVIDUAL, SMALL GROUP, LARGE GROUP, AND TOTAL

Group Categories

INDIVIDUAL:	Insured policies issued to an individual person.
SMALL GROUP (1 to 50):	Insured policies issued to a group organization with 1 to 50 employees.
LARGE GROUP (51 or more):	Insured policies issued to a group organization with 51 or more employees.
TOTAL:	Total of Individual, Small Group, and Large Group Comprehensive Hospital & Medical.

COLUMN DEFINITIONS

NUMBER OF INSURED MEMBERS:	Report the number of insured members for policies <u>in force as of January 1, 2020</u> . For individual policies, the number of insured members must include dependents. For group policies, the number of insured members must equal the number of subscribers (certificate holders) plus dependents.
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ROW DEFINITIONS

NON-ACA OFF-EXCHANGE PLANS:	Plans that are not fully ACA Compliant and operate on regulatory criteria available during 2010-2013.
GRANDFATHERED PLANS (NON-ACA OFF-EXCHANGE):	Grandfathered Plans are Comprehensive Hospital & Medical Plans filed for use in Utah under the regulatory rules created prior to the ACA regulations. Grandfathered Plans must have been in effect prior to March 23, 2010 and can have a range of effective dates (Jan-Dec), and are exempt from most ACA regulations; however, these plans must include Coverage until Age 26 (Adult Children), Pre-existing Condition Exemptions, and have no Lifetime Limits.
TRANSITIONAL PLANS (NON-ACA OFF-EXCHANGE):	Transitional Plans are Comprehensive Hospital & Medical Plans filed for use in Utah for those who may have lost coverage due to plan cancellation or would have otherwise been terminated or cancelled. Transitional Plans have a range of renewal dates and may carry over in some cases. These plans are exempt from most ACA regulations; however, these plans must include Pre-existing Condition Exemptions, Mental Health Parity, Waiting Periods, and have no Annual Limits. Transitional Plans in Utah are not an option for Large Group under the Utah Insurance Code, and in most cases should only be reported for Individual or Small Group Only. The only exceptions to this are situations where a small group started out with a Transitional Plan and then grew into a large group (see TRANSITIONAL / EARLY RENEWAL PLANS (SPECIAL CASE)).

**EARLY RENEWAL PLANS
(NON-ACA OFF-EXCHANGE):**

Early Renewal Plans are Comprehensive Hospital & Medical Plans filed for use in Utah under the ACA regulatory rules implemented during 2010 to 2013, but do not include the ACA regulatory rules implemented after January 1, 2014. There should be very few, if any, of these plans. Early Renewal Plans in Utah are not an option for Large Group under the Utah Insurance Code. The only exceptions to this are situations where a small group started out with an Early Renewal Plan and then grew into a large group (see TRANSITIONAL / EARLY RENEWAL PLANS (SPECIAL CASE)). Report all Early Renewal Plans under the Transitional Plans category (see TRANSITIONAL PLANS).

**TRANSITIONAL / EARLY RENEWAL
PLANS (SPECIAL CASE)
(NON-ACA OFF-EXCHANGE)**

As indicated in the TRANSITIONAL PLANS and EARLY RENEWAL PLANS definitions above, Transitional and Early Renewal Plans are not an option for large groups, under the Utah Insurance Code. The exception to this may be situations where a small group filed a plan in Utah as a transitional policy and then grew into a large group with 51 or more employees. Review your large group policies to see if any of these plans fall under a transitional plan or an early renewal plan because they started out as a small group and then kept the transitional or early renewal plan as they grew into a large group. If so, report the total membership under this category. If you have a large group policy that appears to meet the definition of a Transitional Plan or an Early Renewal Plan and was not issued in Utah, please contact Daron Funn at uid.healthresearch@utah.gov for guidance as to which category to use.

ACA COMPLIANT PLANS:

Plans that are fully Compliant with all ACA regulations, including all of the regulatory requirements that started January 1, 2014.

**OFF-EXCHANGE PLANS
(ACA COMPLIANT):**

Off-Exchange Plans are Comprehensive Hospital & Medical Plans filed for use under Utah's standard state and federal regulatory rules and are not sold through the Federal Health Exchange. Most plans in existence qualify under this definition. Off-Exchange Plans may also include Qualified Health Plans (QHP) that are offered off the exchanges by carriers who provide QHP plans for the Federal Health Exchange. Any business sold through private company health exchanges should be reported in this category.

**FEDERALLY FACILITATED
MARKETPLACE (FFM) PLANS
(ACA COMPLIANT):**

Federally Facilitated Marketplace (FFM) Plans are Comprehensive Hospital & Medical Plans filed for use under the specialized regulatory rules of the individual federal exchange also known as the Federally Facilitated Marketplace. Your company must be registered with the Federally Facilitated Marketplace (FFM) to sell these plans, and the plans must meet the ACA definition of Qualified Health Plans (QHP). Companies that offer QHP plans through the Federally Facilitated Marketplace (FFM) may also offer a QHP plan as an Off-Exchange Plan. Federally Facilitated Marketplace (FFM) plans in Utah are individual only.



UTAH INSURANCE DEPARTMENT

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